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Bib Data Sheet

CONFIRMATION NO. 1329

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/707,330 | FILING DATE<br>12/05/2003<br><br>RULE | CLASS<br>340 | GROUP ART UNIT<br>2636 | ATTORNEY<br>DOCKET NO.<br>FGT 1899 PA |
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/432,973 12/13/2002

yes AVL

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

no AVL

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/25/2004

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
|---------------------------------|--|----------|---------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged       | <i>J. Lai</i> <i>AVL</i><br>Examiner's Signature Initials  | MI       | 2       | 20     | 3           |

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## TITLE

ADAPTIVE COLLISION LOAD PATH MODIFICATION SYSTEM FOR VEHICLE COLLISION COMPATIBILITY

|                 |   |  |
|-----------------|---|--|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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